

NOBLE COUNTY DETENTION FACILITY INMATE REQUEST

Date 7/28/20

Inmate Number: 07-038

1. Circle the appropriate request.
2. Only one request per Inmate Request Form (multiple requests will be rejected).
3. Only one inmate per Inmate Request (multiple signatures/names will be rejected).
4. ALL Inmate Request Forms MUST be signed.
5. Inmate Request Forms must be filled out completely.
6. Inmate Request Forms are NOT for Medical: Use Medical Request Form.

REQUEST GRIEVANCE / CHAPLAIN / RELEASE of PROPERTY / OTHER _____

INMATE'S NAME (Print): Johnson, Sean Living Unit D Pod

Reason for request: I'm trying to exhaust my grievance process which are the requirements to file a 1983 civil suit for the violation of my 8th amendment when I was placed in isolation for almost 90 days. I've tried to work through it but I feel that I more have PTSD stemming from the fear I have of retaliation. I know that I'm not on my right medication neither but I'm not getting the right medication for my disorder. I asked before if you could help resolve the incidents that happened in TSC2 I'm still in fear of facility workers from the incidents I'm not threatened now I'm in a good location but I'm filing a 1983 civil suit against this facility. Also due to conditions and fees in TSC2 I'd like to be tested for hepatitis C.

Inmate's Signature (request MUST be signed): Sean Johnson

DO's Signature # W. J. [Signature] @ 2100 on 7-28-20

Staff Response:

SUBMIT A MEDICAL REQUEST FOR YOUR MEDICAL ISSUES + THE NRC WILL DEAL WITH YOUR ISSUES WITH YOU.

Staff Signature: [Signature]

Badge# 10

Date 07/29/20